

**CLAIMS ONLY**

Application Number

Applicant(s) 1015088029

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
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50						
Total Indep	3					
Total Depend	15					
Total Claims	18					

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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